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STATE: MINNESOTA

Effective: January 1, 1998

TN: 98-05 Approved: **JUN 25 1998** Supersedes: 97-24

## 20.a. <u>Pregnancy-Related and Post Partum Services for 60 Days</u> <u>After the Pregnancy Ends.</u> (continued)

and social service providers. The post partum follow-up home visit will be in addition to and separate from the six week post partum visit with the recipient's primary provider and will be made within the first two weeks after the mother's discharge from the hospital. Individualized information and consistent reinforcement of previously provided services (based on the care plan) will be offered to the recipient at this time.

The provider will address the following:

- (1) Assessment of mother's health
  - (a) Follow-up "risk" behaviors, and medical conditions
  - (b) Support of positive changes made to date
- (2) Physical/emotional changes postpartum
  - (a) Anticipatory guidance regarding relationship with partner
  - (b) Sexual responses
  - (c) Potential stress with family
  - (d) Nutritional needs
  - (e) Physical activity/exercise
- (3) Contraception
- (4) Parenting skills/support
  - (a) Adapting to parenthood
  - (b) Parent/child relationship
  - (c) Child care arrangements and support
- (5) Grief support if unexpected outcome
- (6) Parenting sick/preterm infant, if indicated
  - (a) Follow-up on "risk" factors and conditions
- (7) Assessment of infant's health
  - (a) Infant weight/growth
  - (b) Infant development and abilities

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20.a. <u>Pregnancy-Related and Post Partum Services for 60 Days</u>
<u>After the Pregnancy Ends.</u> (continued)

- (8) Infant care
  - (a) Feeding and infant nutritional needs
  - (b) Recognition of illness in the newborn
  - (c) Accident prevention
  - (d) Immunizations and pediatric care
- (9) Identification of community health resources
  - (a) Mother
  - (b) Infant
- (10) Referral to appropriate community health resources
  - (a) Mother
  - (b) Infant

Eligible Providers: This visit must be performed by the client's primary care physician, physician assistant, certified nurse-midwife, licensed registered nurse, or nurse practitioner who is able to provide and anticipate needs for guidance. The provider must be able to provide the necessary follow-up and referrals to appropriate medical assistance eligible providers and social service agencies.

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Services for any other Medical Condition that May 20.b. Complicate Pregnancy:

> • Services are subject to the same limitations already identified for Inpatient hospital, Physician, and Nurse-midwife, etc.

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#### Ambulatory prenatal care: 21.

• Not provided.

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22. Respiratory care services in accordance with section 1902(e)(9)(A) through (C) of the Act:

• Not provided.

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23. Certified pediatric or family nurse practitioner services.

Coverage is limited to:

(1) Services performed by a pediatric nurse practitioner or family nurse practitioner certified by the American Nurses Association and provided within the scope of practice of the nurse practitioner's license as a registered nurse; and

(2) Services which are covered under the state plan as physicians' services.

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#### 23.a. <u>Transportation and other services to assure access to covered services:</u>

- Medical transportation must be to or from the site of a covered service to a recipient to be eligible for payment.
- Transportation of a recipient between providers is a covered service with the following limitations:
  - Except for an emergency, transportation between two long-term care facilities must be medically necessary because the health services required by the recipient's plan of care is not available at the long-term care facility where the client resides.
  - 2) Transportation between two hospitals must be to obtain a medically necessary service that is not available at the hospital where the recipient was when the medical necessity was diagnosed.
- Payment for transportation of a deceased person is limited to the following circumstances:
  - 1) If a recipient is pronounced dead after medical transportation is called but before it arrives, service to the point of pick-up is eligible for payment.
  - 2) If medical transportation is provided to a recipient who is pronounced dead on arrival, the medical transportation is eligible for payment.
  - 3) If a recipient is pronounced dead before medical transportation is called, medical transportation is not eligible for payment.
- To be eligible for the medical assistance payment rate as a life support transportation, the life support transportation must comply with the following:
  - 1) The provider must be licensed under Minnesota Statutes, sections 144.802 and 144.804.
  - 2) The recipient's transportation must be in response to a 911 emergency call, police or fire department, or an emergency call received by the provider.
  - 3) The medical necessity of the service must be documented by the state report required under Minnesota Statutes, section 144.807.

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### 23.a. <u>Transportation and other services to assure access to covered services (continued):</u>

- 4) Life support transportation that responds to a medical emergency is eligible for payment for no load transportation only if the life support transportation provided medically necessary treatment to the recipient at the pick-up point of the recipient. The payment is limited to charges for transportation to the point of pick-up and for ancillary services.
- Special transportation means the transport of a recipient who, because of a physical or mental impairment, is unable to use a common carrier, and does not require life support transportation. Payment eligibility of special transportation is subject to the following limitations:
  - The special transportation and special transportation to reach a health service outside the recipient's local trade area is provided to a recipient who has been determined eligible for special transportation because of physical or mental impairment.
  - 2) The cost of special transportation of a recipient who participates in a training and habilitation program is not eligible for reimbursement on a separate claim for payment if transportation expenses are included in the per diem payment to the intermediate care facility for the mentally retarded.
- Transportation by air ambulance shall be eligible for medical assistance payment if the recipient has a life threatening condition that does not permit the recipient to use another form of transportation.
- The following costs related to transportation are not eligible for payment as medical transportation:
  - transportation of a recipient to a hospital or other site of health services for detention that is ordered by a court or law enforcement agency except when life support transportation is a medical necessity;
  - 2) transportation of a recipient to a facility for alcohol detoxification that is not a medical necessity;
  - 3) no load transportation except as allowed for life support transportation;
  - 4) additional charges for luggage, stair carry of the recipient, and other airport, bus, or railroad transportation services;
  - 5) airport surcharge; and
  - 6) federal or state excise or sales taxes on air ambulance service.

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Transportation and other services to assure access to covered services (continued):

> • Local agencies approve payment from administrative funds for meals, lodging, or interpretations for the hearing impaired when such services are necessary to obtain medically necessary covered MA services.

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#### 23.b. <u>Services of christian science nurses:</u>

• Not provided.